

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/868131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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11	/		/			
12		/		/		
13		2		1		
14	/		/			
15		/		4		
16		/		1		
17		6		1		
18		10		2		
19		10		2		
20		10		2		
21		10		2		
22		10		2		
23		10		2		
24		10		2		
25	/		/			
26	/		/			
27		2		2		
28		10		2		
29		10		2		
30		10		2		
31	/		/			
32	/		/			
33	/		/			
34		10		5		
35		10		5		
36	/		/			
37		10		5		
38		10		5		
39		10		5		
40		10		5		
41	/		/			
42		10		5		
43		10		5		
44		10		9		
45				6		
46				5		
47				3		
48				3		
49				1		
50				1		
TOTAL IND.	15	↓	15	↓		↓
TOTAL DEP.	31	↓	97	↓		↓
TOTAL CLAIMS	46		112			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS